## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND  |  |  |                      |   |
|--|--|--|----------------------|---|
| 2 Serial/Patent # ()   1/5/70  |  |  |                      |   |
| :(s):  | 4 PAPER<br>NUMBER                              |  | 5 DATE<br>FILED      | 6 AMOUNT  |
|  |  |  |                      | \$  |
|  | 1  |  | · .                  | \$20  |
|  |  |  |                      | \$  |
| -  |  |  |                      | \$  |
|  | ·  |  |                      | \$  |
|  | ·  |  |                      | \$  |
| Disc.  |  |  |                      | \$  |
|  |  |  |                      | \$  |
|  |  |  |                      | \$  |
|  |  |  |                      | \$  |
| ***************************************  | 7 TOTAL AMOUNT OF REFUND  8 TO BE REFUNDED BY: |  |                      |   |
|  |  |  |                      |   |
|  | Treasury Check                                 |  |                      |   |
|  | Credit Deposit A/C #:                          |  |                      |   |
|  | 1,201-01/00                                    |  |                      |   |
| No Fee Due (Explanation):  |  |  |                      |   |
|  |  |  |                      |   |
|  |  |  |                      |   |
|  |  |  |                      |   |
| 11 REFUND REQUESTED BY: \(\( \lambda / \lambda |  |  |                      |   |
| TYPED/PRINTED NAME:  |  |  |                      |   |
| SIGNATURE: // ///// //// //// PHONE: (1997)  |  |  |                      |   |
| OFFICE:  |  |  |                      |   |
| THIS SPACE RESERVED FOR FINANCE USE ONLY:  |  |  |                      |   |
| APPROVED: SUMMUL SUGGEDATE:  |  |  |                      |   |
|  | 2 Seri   | 2 Serial/Pate (s):  4 PAPE NUME  7 TOT OF  8 TO  Y | 2 Serial/Patent (s): | 2 Serial/Patent # ONTE (s): A PAPER S DATE NUMBER FILED  7 TOTAL AMOUNT OF REFUND  8 TO BE REFUNDED B Treasury Cl Credit Depo |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B